

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014977

STATE FILE NUMBER

Register 2 No. 4386

FILED MAY 14 1959

Registration District No.

Primary Registration District No.

Register 2 No.

4386

300

1-57

32

94

0

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR St. Louis TOWN				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR St. Louis TOWN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hosp.				Length of stay in lb 2-days		d. STREET ADDRESS (If outside, give location) 2621 Louisiana Ave.	
3. NAME OF DECEASED (Type or print) First John Middle J. Last Frei				4. DATE OF DEATH Month May Day 3 Year 1959			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> (WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>)		8. DATE OF BIRTH Jan. 14, 1888	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Youngstown Co.		11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Frei				13b. MOTHER'S MAIDEN NAME Sara Ackerman		14. NAME OF HUSBAND OR WIFE Florence C. Cuidon Frei	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 488-10-9029		17. INFORMANT Florence C. Frei - 2621 Louisiana Ave	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Melanotic Sarcoma of General Intestine in skin, lung, kidney, viscera & myeloid. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 190.9 DUE TO (c) 190.9 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH One year	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 11:00 Month May Day 3 Year 1959 a.m. P. p.m.				20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION St. Louis County, Missouri			
21. I attended the deceased from Jan. 26, 1959 to May 3, 1959 and last saw him alive on May 3, 1959 Death occurred at 11:00 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) Helmut L. Hyslop M.D.			
22b. ADDRESS 3720 Washington Blvd				22c. DATE SIGNED May 4, 1959			
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE May 7, 1959		23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
24. FUNERAL DIRECTOR WACKER-HELDERLE-3634 Gravois Ave.				25. DATE RECD. BY LOCAL REG. MAY 5 '59		26. REGISTRAR'S SIGNATURE Joan Smith, M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Licensed Embalmer No. 2675

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.